FCCLA STAR EVENTS REGIONAL PARTICIPANT AUTHORIZATION FORM

This form is required of all FCCLA members participating in STAR Events. This form is turned in at STAR Events Registration, on the day of the regional/district STAR Events. **Do Not Mail With Entry Forms!**

۹.	that my advisor/instructor has provided me rules, and procedures for my event area	and regional affiliated FCCLA member for this school year, and with verbal and written instructions regarding personal conduct, and the information on the entry form is accurate. If I win rticipate in state STAR Events and attend the entire State	
	(Date)	(Signature of Event Participant)	
3.	chapter as a participant, has received bo	that the FCCLA member listed on this application has been authorized to represent our articipant, has received both written and verbal instructions concerning personal rules of STAR Events, and has received instructions on the rules and procedures pertinent to the	
	(Date)	(Signature of Participant's Advisor)	
Ĵ.	Parent, Guardian Authorization I agree not to hold_ Secondary Education, or any of its agents I for illness or injury to my son/daughter during Events, and necessary travel to and from acceptable.	or the Missouri Department of Elementary and iable for any accident caused by poor judgment of the student or ing participation in authorized FCCLA activities, including STAR stivity sites.	
	(Date)	(Signature of Event Participant's Parent/Guardian)	
	In emergency, call (First Choice)	Name	
		Phone ()	
	(Second Choice)	Name	
		Phone ()	
	Administrator Authorization I have been informed of the STAR Events of rticipant in activities.	the FCCLA Association, and I support the participation of said	
	(Date)	(Signature of School Administrator)	
		(Title)	
	(Produce suffice	cient copies for each participant)	